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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/982,644			ing Date 18/2001	To be Mailed	
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
	FOR	N	JMBER FII	.ED NUI	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 = *			1	x \$ =		OR	x \$ =		
IND (37	EPENDENT CLAIN CFR 1.16(h))	S	minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings exceed 1 sheets of paper, the application size fee d is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Si 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(si									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL		
	APP	DED - PART II (Column 2)	_	SMAL	L ENTITY	OR		ER THAN ALL ENTITY				
AMENDMENT	11/19/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 35	Minus	·· 35	= 0]	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	· 16	Minus	···16	= 0]	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))	•	Minus	**	=		x \$ =		OR	x \$ =		
Δ	Independent (37 CFR 1.16(h))	•	Minus	***	=	ı	x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))					ı	L		Į.	<u> </u>		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR	I		
									OR	TOTAL ADD'L FEE		
** If	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.											
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